

**National Public Health Performance Standards Program  
Indiana Diabetes Health System (IDHS) Performance  
Assessment Instrument**

## INTRODUCTION

The purpose of the National Public Health Performance Standards Program (NPHPSP) is to provide measurable performance standards that health systems can use to ensure the delivery of health services to the public. The primary goal of this instrument is to promote continuous quality improvement of state health systems. Use of this instrument can result in stronger connections among health system partners, greater awareness of the interconnectedness of health activities, and the identification of strengths and weaknesses that can be addressed through improvement efforts.

A **State Health System (SHS)** is the state public health agency (SPHA) working in partnership with other state government agencies, private enterprises, and voluntary organizations that operate statewide to provide services essential to the health of the public. As hubs of statewide systems of health services to the public, SPHA's, working in conjunction with partners in public health, establish parameters, set directions for the practice of public health, and carry out the core functions of public health – assessment, policy development, and assurance which include the following services.

### Essential Public Health Services

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population based health services.
10. **Research** for new insights and innovative solutions to health problems.

Within the context of these core functions and the related Essential Public Health Services, SPHAs and their system partners:

- Allocate and leverage resources to assure that funding for public health services meets the critical health needs of the populations statewide.
- Assure an adequate statutory base for public health activities in states.
- Advocate for statewide policy changes to improve health.

The concept of the SHS is central to performance of the Essential Public Health Services and this assessment instrument. Whether as convener, partner, collaborator, enabler, analyst or evaluator, SPHAs play key leadership roles in coordinating the performance of state health systems. By developing public health performance standards to identify and benchmark optimal performance, state health systems and their state public health agencies will be better equipped to assess and improve delivery of the Essential Public Health Services and achieve improved health of the public

## TABLE OF CONTENTS

<b>Essential Service # 1:</b>	Monitor Health Status to Identify Health Problems .....	4
<b>Essential Service # 2:</b>	Diagnose and Investigate Health Problems and Health Hazards.....	12
<b>Essential Service # 3:</b>	Inform, Educate, and Empower People about Health about Issues .....	19
<b>Essential Service # 4:</b>	Mobilize Partnerships to Identify and Solve Health Problems .....	26
<b>Essential Service # 5:</b>	Develop Policies and Plans that Support Individual and Statewide Health Efforts .....	34
<b>Essential Service # 6:</b>	Enforce Laws and Regulations that Protect Health and Ensure Safety .....	42
<b>Essential Service # 7:</b>	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable .....	49
<b>Essential Service # 8:</b>	Assure a Competent Public and Personal Health Care Workforce.....	57
<b>Essential Service # 9:</b>	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Service .....	64
<b>Essential Service # 10:</b>	Research for New Insights and Innovative Solutions to Health Problems .....	70

<b>Essential Service # 1:</b>	<b>Monitor Health Status to Identify Health Problems</b>
-------------------------------	--

**This service includes:**

- Assessment of statewide diabetes-related health status and its determinants, including the identification of health risks and the determination of diabetes health service needs.
- Attention to the vital statistics and diabetes-related health status of specific groups that are at higher risk than the general population.
- Identification of community assets and resources, which support the IDHS in promoting health and improving quality of life.
- Utilization of technology and other methods to interpret and communicate diabetes-related health information to diverse audiences in different sectors.
- Collaboration in integrating and managing diabetes-related information systems.

**Indicator 1.1: Planning and Implementation**

**SDHS Model Standard:**

The SDHS measures, analyzes and reports on the diabetes health status of the state. The state's diabetes health status is monitored through data describing critical indicators of health, illness, and health resources that are collected in collaboration with local health systems and other state partners.

To accomplish this, the SDHS:

- Develops and maintains population-based surveillance systems that collect diabetes-related health data to measure the state's health status.
- Organizes diabetes health-related data into a state diabetes profile that reports trends in health status, risk factors, and resource consumption.
- Tracks the state's diabetes health-related data and compares them to national health objectives and other benchmarks.
- Compiles and analyzes data for local, state and national diabetes surveillance efforts.
- Collaborates with data reporting entities such as local health departments, hospitals, physicians, and laboratories to assure the timely collection, analysis, and dissemination of data.
- Develops and manages a uniform set of diabetes health status indicators that are derived from a variety of sources (e.g., hospitals, managed care organizations, health departments, universities) and accommodates state and local diabetes-related data needs.
- Protects personal health information by instituting security and confidentiality policies that define protocols for health information access and integrity.

Note: Data examples include: prevalence of overweight, diabetes, risk factors for complications of diabetes (e.g. smoking, high blood pressure, dyslipidemia, microalbuminuria, etc;), self practices of persons with diabetes, prevalence of diabetes complications, diabetes death rates, outcomes for mothers with diabetes, etc.

Sources: BRFSS, household surveys, hospital discharge surveys, claims data, vital statistics, IHS, Medicare data from the QIO, HEDIS data, other health plan data, clinic data, etc.

Please answer the following questions related to Indicator 1.1:

- 1.1.1 Has the IDHS developed any surveillance programs for measuring the state's diabetes health status?  
If so, do these programs:
  - 1.1.1.1 Identify the data elements required for monitoring diabetes health status?
  - 1.1.1.2 Identify the methods for data collection and storage?
  - 1.1.1.3 Identify the roles of state and local governmental agencies and relevant non-governmental agencies in the collection of diabetes-related health data?
  - 1.1.1.4 Facilitate access to diabetes-related health data among state and local health and constituent groups?
- 1.1.2 Does the IDHS organize diabetes-related health data into a state health profile?  
If so, is the profile used to:
  - 1.1.2.1 Identify emerging diabetes-related health problems?
  - 1.1.2.2 Report trends in diabetes health status?
  - 1.1.2.3 Report changes in the prevalence of diabetes risk factors?
  - 1.1.2.4 Report changes in health resource consumption?
  - 1.1.2.5 Report disparities in diabetes health status?
- 1.1.3 Does the IDHS track Indiana's diabetes-related health data over time?  
If so, is Indiana data compared to:
  - 1.1.3.1 National health objectives?
  - 1.1.3.2 Benchmarks from previous state health profiles?
- 1.1.4 Does the IDHS compile and provide locally collected diabetes-related health data to organizations conducting local, state, and national health surveillance?
- 1.1.5 Does the IDHS collaborate with organizations or individuals that report health information to help assure the timely collection, analysis, and dissemination of diabetes-related health data?
- 1.1.6 Does the IDHS develop a uniform set of health indicators to describe the health of the state's population with diabetes?
- 1.1.7 Does the IDHS enforce established laws and the use of protocols to protect health information and other data with personal identifiers?

---

**1.1.8** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**1.1.8.1** *What percent of the answer reported in question 1.1.8 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

## **Indicator 1.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides assistance, capacity building, and resources to local health systems and other state partners in their efforts to monitor diabetes health status and to identify problems.

To accomplish this, the SDHS:

- Offers training in the interpretation and use of diabetes-related data to local health systems and other state partners.
- Provides expertise in the development and maintenance of the data systems required to monitor diabetes health status at the state and local levels to local health systems and other state partners.
- Provides a standard set of diabetes-related data, including the *Healthy People 2010* Leading Health Indicators for Diabetes, to local health systems and other state partners and assists them in accessing, interpreting, and applying these data for policy and planning activities.
- Assists local health systems and other state partners prepare and publish local diabetes-related data.
- Communicates the availability of assistance in diabetes surveillance and data use to local health systems and other state partners.

Please answer the following questions related to Indicator 1.2:

- 1.2.1 Does the IDHS offer training to local health systems and other state partners in the interpretation and use of diabetes-related data?
- 1.2.2 Does the IDHS assist local health systems and other state partners in the development of diabetes-related data information systems?
- 1.2.3 Does the IDHS provide local health systems and other state partners a standard set of diabetes-related data?
- 1.2.4 Does the IDHS assist local health systems and other state partners in the publication of diabetes-related data in formats that are useful to the media and health planners?
- 1.2.5 Does the IDHS communicate the availability of assistance in health surveillance and data use to local health systems?

---

**1.2.6** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**1.2.6.1** *What percent of the answer reported in question 1.2.6 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4



### **Indicator 1.3: Evaluation and Quality Improvement**

#### **SDHS Model Standard:**

The SDHS reviews its activities to monitor diabetes health status and to identify problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SDHS:

- Reviews its efforts to monitor diabetes health status to determine the sufficiency and relevance of the gathered data, to determine the ability to meet user needs for data, and to gather feedback from local health system leaders regarding data set content and format.
- Uses the information gathered through its reviews to help inform a dynamic, evolving process that encourages improvement in the scope, quality, and relevance of diabetes-related data.
- Collaborates with users, including local health systems and other state partners, to improve the development and distribution of the state diabetes profile.

Please answer the following questions related to Indicator 1.3:

1.3.1 Does the IDHS review its efforts to monitor diabetes health status?

If so, are the following addressed:

1.3.1.1 The sufficiency and relevance of the gathered diabetes-related data?

1.3.1.2 Effectiveness in meeting user needs?

1.3.2 Is information from reviews used in the continuous improvement of diabetes-related data and data systems to better meet the needs of state and local diabetes-related data users, program managers, and policymakers?

1.3.3 Does the IDHS solicit feedback from state partners, local health systems and other users regarding the development and distribution of the state diabetes profile?

1.3.4. Does the IDHS identify best practices in their efforts to monitor diabetes health status? If so, do they apply these as part of their continuous improvement process?

---

**1.3.5** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

**1.3.5.1** *What percent of the answer reported in question 1.3.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

## **Indicator 1.4: Resources**

### **SDHS Model Standard:**

The SDHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to monitor diabetes health status and to identify related health problems in the state.

To accomplish this, the SDHS:

- Allocates existing resources for monitoring diabetes health status and identifying related health problems to areas of highest need and plans for the development of new resources.
- Collaborates with partners to leverage system-wide resources and to focus statewide assets on monitoring diabetes health status.
- Utilizes state-of-the-art computer resources including compatible hardware systems and software that convert data sets into standard formats to facilitate information sharing with local, state, and national health partners.
- Utilizes workforce expertise in collecting, analyzing, disseminating, and communicating diabetes health status data and maintaining data management systems.

Please answer the following questions related to Indicator 1.4:

1.4.1 Does the IDHS effectively manage its current diabetes health status monitoring resources and develop new resources?

If so, does the IDHS:

1.4.1.1 Apply existing resources to high priority areas in diabetes health status monitoring?

1.4.1.2 Seek new sources of funding to monitor diabetes health status?

1.4.1.3 Plan for the development of new resources?

1.4.2 Does the IDHS share system-wide resources to monitor diabetes health status?

If so, does the IDHS:

1.4.2.1 Coordinate workforce resources that contribute to the diabetes health status monitoring?

1.4.2.2 Coordinate IDHS-wide **technology development** activities to more effectively report, analyze and disseminate diabetes health status data?

1.4.2.3 Share **financial resources** to invest in the diabetes health status monitoring function?

1.4.3 Does the IDHS utilize current electronic technology to monitor statewide diabetes health status?

If so, does the technology include:

1.4.3.1 Computers with sufficient processor speed and memory capacity to operate standard software applications needed to conduct data analysis?

1.4.3.2 Word processing software?

- 1.4.3.3 Spreadsheet software?
- 1.4.3.4 Database analysis software?
- 1.4.3.5 Presentation graphics software?
- 1.4.3.6 High-speed Internet access?
- 1.4.3.7 Sufficient data storage capacity to meet IDHS needs for the coming year?
- 1.4.4 Does the IDHS utilize personnel with the statistical, epidemiologic, and systems management expertise needed for health status monitoring?  
If so, do these personnel have expertise in:
  - 1.4.4.1 Designing sampling frameworks and survey designs for collecting data?
  - 1.4.4.2 Implementing surveys?
  - 1.4.4.3 Integrating data from a variety of sources?
  - 1.4.4.4 Analyzing data?
  - 1.4.4.5 Interpreting results and forming valid conclusions from analyzed data?
  - 1.4.4.6 Translating data into clear and useful information?
  - 1.4.4.7 Designing population health registries?
  - 1.4.4.8 Implementing population health registries?
  - 1.4.4.9 Maintaining population health registries?
  - 1.4.4.10 Managing data systems and supporting data users?
  - 1.4.4.11 Promoting effective use of data and information in health policy and planning activities?

---

**1.4.5** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**1.4.5.1** *What percent of the answer reported in question 1.4.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Essential Service # 2: Diagnose and Investigate Health Problems and Health Hazards**

### **This service includes:**

- Epidemiologic investigation of disease patterns of diabetes and other related health and social conditions.
- **Opportunistic population-based screening**, case finding, investigation, and the scientific analysis of diabetes-related health problems.

### **Indicator 2.1: Planning and Implementation**

#### **SDHS Model Standard:**

The SDHS works collaboratively with local health systems and other state partners to identify and respond to public health risks/threats including chronic disease prevalence, especially the incidence of diabetes. Protective and risk factors, e.g. environmental conditions, policy, cultural, historical, etc., should be considered.

To accomplish this, the SDHS:

- Operates state surveillance systems (surveillance programs that are integrated national and local surveillance efforts) that identify and analyze risks/threats to public health with regards to diabetes.
- Operates a reporting system for receiving and transmitting information regarding diabetes and its complications.
- Collaborates with private and public laboratories, within the state and outside of the state, which have the capacity to analyze clinical specimens.
- Collaborates with other resources within the state and outside the state for the analysis of environmental and epidemiologic data, e.g. GIS.
- Develops plans to investigate and to respond to diabetes and other diabetes-related health risks and to define the roles and responsibilities of key collaborators in the investigation and response system.
- Develop plans to respond to diabetes-related new science and new breakthroughs.

*Note: In some cases the SDHS may operate more than one surveillance system. In the Model Standard and measures for Indicator 2.1, the word “system” should therefore be read broadly, to include the complete collection of surveillance systems operated by the SDHS.*

Please answer the following questions related to Indicator 2.1:

- 2.1.1 Does the IDHS operate surveillance system(s) that recognize risks/threats to public health with regards to diabetes?  
If so,
- 2.1.1.1 Does the IDHS operate diabetes-related disease surveillance programs?
- 2.1.1.2 Does the IDHS operate a surveillance program that monitors maternal and child health as it relates to diabetes?

- 2.1.2 Does the IDHS collaborate with private and public laboratories (within the state and outside of the state) that have the capacity to analyze clinical specimens.
- 2.1.3 Does the IDHS develop plans to investigate and to respond to public health risks/threats with regards to diabetes?

---

**2.1.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**2.1.4.1** *What percent of the answer reported in question 2.1.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Indicator 2.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides assistance, capacity building, and resources to local health systems and other state partners in their efforts to identify, analyze, and respond to public health risks/risks/threats.

To accomplish this, the SDHS provides:

- Assistance in epidemiologic analysis to local health systems and other state partners.
- Information about possible public health risks/risks/threats and appropriate responses to these risks/threats to local health systems and other state partners.

Please answer the following questions related to Indicator 2.2:

2.2.1 Does the IDHS provide assistance to local health systems and other state partners in the interpretation of epidemiologic findings?

If so, does this assistance include:

2.2.1.1 Information on how to access IDHS epidemiology services?

2.2.1.2 Consultation in the interpretation of epidemiologic findings?

2.2.1.3 Training in the interpretation of epidemiologic findings?

2.2.2 Does the IDHS provide laboratory assistance to local health systems and other state partners?

If so, does this assistance include:

2.2.2.1 Information on how to access IDHS laboratory services?

2.2.2.2 Consultation in the interpretation of laboratory findings?

2.2.2.3 Training in the interpretation of laboratory findings?

2.2.3 Does the IDHS provide local health systems and other state partners with information about possible diabetes-related health risks/threats?

If so, does this information include:

2.2.3.1 Current analyses of the incidence and prevalence of diabetes and other related health conditions?

2.2.3.2 Recent research findings relating to the most effective population-based methods of diabetes prevention and control?

---

**2.2.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**2.2.4.1** *What percent of the answer reported in question 2.2.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Indicator 2.3: Evaluation and Quality Improvement**

### **SDHS Model Standard:**

The SDHS reviews its activities to diagnose and to investigate diabetes-related health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SDHS:

- Periodically reviews the effectiveness of its state surveillance system and investigation procedures, using published guidelines, including CDC's *Updated Guidelines for Evaluating Public Health Surveillance Systems*.
- Periodically reviews its public health risk/threat investigation and response plans.
- Uses information gained from the reviews to help improve the responsiveness of the surveillance system.

Please answer the following questions related to Indicator 2.3:

2.3.1 Does the IDHS periodically review the effectiveness of the state diabetes surveillance system?

If so, are the following addressed:

2.3.1.1 Whether the surveillance of possible diabetes health risks/threats is informed by current public health science?

2.3.1.2 The timeliness of reporting results of epidemiologic investigations and laboratory data to local health systems and other state partners?

2.3.2 Does the IDHS periodically review its public health risk/threat investigation and response plans?

2.3.3 Does the IDHS use the information gained from their reviews to help improve the responsiveness of the surveillance system?

---

**2.3.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**2.3.4.1** *What percent of the answer reported in question 2.3.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4



## **Indicator 2.4: Resources**

### **SDHS Model Standard:**

The SDHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to diagnose and investigate diabetes-related health problems and risks/threats that affect the state.

To accomplish this, the SDHS:

- Allocates existing resources for diagnosing and investigating health problems and risks/threats to areas of highest need and plans for the development of new resources.
- Collaborates with partners to leverage system-wide resources and focus statewide assets on diagnosis and investigation of diabetes-related health problems.
- Utilizes clinical, laboratory, and environmental services capable of undertaking opportunistic population screening and environmental testing.
- Utilizes laboratory facilities and computer technology capable of supporting investigations of adverse diabetes health events and meeting routine diagnostic and surveillance needs including environmental mapping, e.g. GIS.
- Utilizes epidemiologic expertise to identify and analyze public health risks/threats, and conduct investigations of adverse public health issues.

Please answer the following questions related to Indicator 2.4:

2.4.1 Does the IDHS manage its current resources to support the diagnosis and investigation of diabetes-related health problems and risks/threats and develop new resources?

If so, does the IDHS:

2.4.1.1 Apply existing resources to high priority areas in diagnosis and investigation of diabetes-related health problems?

2.4.1.2 Seek new sources of funding to diagnose and investigate diabetes-related health problems?

2.4.1.3 Plan for development of new resources for the future?

2.4.2 Does the IDHS share system-wide resources to effectively diagnose and investigate diabetes-related health problems and health risks/threats?

If so, does the IDHS:

2.4.2.1 Coordinate workforce resources that contribute to the diagnosis and investigation function?

2.4.2.2 Coordinate IDHS-wide technology development activities to more effectively report, analyze and communicate health data needed to implement the diagnosis and investigation function?

2.4.2.3 Share financial resources to invest in the diagnosis and investigation function?

2.4.3 Does the IDHS have the capacity to provide appropriate screening in response to diabetes-related health risks/threats?

- 2.4.4 Does the IDHS utilize laboratory facilities that support diagnostic investigation of diabetes-related public health risks/threats?
- 2.4.5 Does the IDHS utilize in-state laboratory capacities to investigate key diabetes-related conditions/risks?
- 2.4.6 Does the IDHS utilize epidemiologic expertise to identify and analyze diabetes-related public health risks/threats?

---

**2.4.7** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**2.4.7.1** *What percent of the answer reported in question 2.4.9 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Essential Service # 3: Inform, Educate, and Empower People about Health Issues**

### **This service includes:**

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.

### **Indicator 3.1: Planning and Implementation**

#### **SDHS Model Standard:**

The SDHS supports its health improvement objectives and responds to diabetes issues with health communication and health education/promotion initiatives that are based on evidence of effectiveness whenever possible. Culturally and linguistically appropriate initiatives are delivered through multiple media channels to enhance their effectiveness.

To accomplish this, the SDHS:

- Designs and implements evidence-based or theory-based health communication and health education/promotion programs to help meet the state's health improvement objectives and in response to urgent and emergent diabetes-related health issues.

Note: Evidence-based: the program/activity/intervention is based on well-controlled scientific studies that demonstrate the effectiveness of the approach

Theory-based: the program/activity/intervention is based on a widely-accepted theory of health communication/education.

- Designs and implements health communication and health education/promotion programs with the participation of local health systems and other state partners, the target population, and experts in health communication, health education/promotion, health care delivery, and other relevant fields.
- Creates, uses and shares culturally and linguistically appropriate informational, educational, and promotional activities and materials designed to reach targeted populations in specific settings.
- Delivers health communication campaigns through appropriate channels including print, radio, television, and Internet to convey public health information and influence attitudes supportive of health education/promotion efforts.

Please answer the following questions related to Indicator 3.1:

- 3.1.1 Does the IDHS design and implement health communication and health education/promotion programs?

If so,

3.1.1.1 Are health communication and education/promotion programs theory-based or evidence-based?

3.1.1.2 Are health communications and education/promotion programs designed to accomplish diabetes-related objectives of the state?

3.1.1.3 Are health communication and education/promotion programs designed in response to urgent and emergent diabetes-related issues?

3.1.1.4 Are health communications and education/promotion programs designed to allow modifications by local health systems to meet local diabetes-related objectives?

3.1.1.5 Are programs designed to reach target populations in specific settings?

3.1.2 Does the IDHS collaboratively design and implement health communication and health education/promotion programs?

If so, do these collaborations include:

3.1.2.1 Participation of target population

3.1.2.2 Local health systems and other state partners

3.1.2.3 A multi-disciplinary team to provide guidance in development of health communication and health education/promotion materials and activities to ensure their scientific appropriateness

3.1.3 Are health communication and health education/promotion materials and activities culturally and linguistically appropriate?

3.1.4 Are multiple channels used to provide current health information, education, and promotion services to residents of the state?

---

**3.1.5** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

**3.1.5.1** *What percent of the answer reported in question 3.1.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

## **Indicator 3.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides assistance, capacity building, and resources to local health systems and other state partners in their efforts to inform, educate and empower people about diabetes.

To accomplish this, the SDHS:

- Enables state partners, local health systems, communities, and individuals to develop skills and strategies to improve community and diabetes-related health.
- Assists local health systems and other state partners in the identification, selection, development, or evaluation of health communication and health education/promotion resources for general and targeted populations in local communities.
- Assists local health systems and other state partners in the development of effective health communication, education/promotion strategies for use in specific settings with targeted populations to prevent disease and protect and promote health.
- Provides consultation and training to local health systems and other state partners in the application of effective health communication, education/promotion interventions in specific settings with targeted populations of the community.

Please answer the following questions related to Indicator 3.2:

- 3.2.1 Does the IDHS enable state partners, local health systems, communities, and individuals, through consultation, training, or policy changes, to develop skills and strategies to improve community and personal health?
- 3.2.2 Does the IDHS provide technical assistance in health communications and health education/promotion to local health systems and other state partners?  
If so, does this include assistance in the:
- 3.2.2.1 Identification of health communication or health education/promotion resources
  - 3.2.2.2 Selection of health communication or health education/promotion resources
  - 3.2.2.3 Development of health communication or health education/promotion resources
  - 3.2.2.4 Evaluation of health communication or health education/promotion resources
- 3.2.3 Does the IDHS assist local health systems and other state partners in the development of effective health communication and health education/promotion strategies?  
If so, is assistance provided in:
- 3.2.3.1 The development of health communication interventions to targeted populations
  - 3.2.3.2 The development of health education/promotion interventions to targeted populations
  - 3.2.3.3 The targeting of interventions to specific settings
- 3.2.4 Does the IDHS provide consultation and training in applying effective health communications and health education/promotion strategies?  
If so, does the consultation and training include:

- 3.2.4.1 The application of health communication interventions to targeted populations
  - 3.2.4.2 The application of health education/promotion interventions to targeted populations
  - 3.2.4.3 The targeting of interventions to specific settings
- 

**3.2.5** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**3.2.5.1** *What percent of the answer reported in question 3.2.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

### **Indicator 3.3: Evaluation and Quality Improvement**

#### **SDHS Model Standard:**

The SDHS reviews its activities to inform, educate, and empower people about diabetes-related health issues on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SDHS:

- Reviews the effectiveness and appropriateness of its health communication and health education/promotion interventions.
- Designs and implements its reviews with the active participation of populations served by intervention efforts.
- Applies review findings to improve health communication and health education/promotion interventions.

Please answer the following questions related to Indicator 3.3:

3.3.1 Does the IDHS periodically review its health communication and health education/promotion interventions?

If so:

3.3.1.1 Are health communication/education/promotion interventions reviewed to assure that their content is accurate and current?

3.3.1.2 Are health communication/ education/promotion interventions reviewed to assess their effectiveness and appropriateness?

3.3.2 Does the IDHS design and implement its reviews with the participation of the populations served by the intervention efforts?

3.3.3 Does the IDHS apply the findings of the reviews of its health communication and health education/promotion interventions to improve the interventions?

---

**3.3.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**3.3.4.1** *What percent of the answer reported in question 3.3.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

### **Indicator 3.4: Resources**

#### **SDHS Model Standard:**

The SDHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to inform, educate, and empower people about diabetes-related health issues.

To accomplish this, the SDHS:

- Allocates existing resources for informing, educating, and empowering people about diabetes-related health issues to areas of highest need and plans for the development of new resources.
- Collaborates with partners to leverage system-wide resources and focus statewide assets on health communication and health education and promotion services.
- Provides resources necessary to plan, develop, implement, and evaluate health communication, education, and promotion interventions.
- Utilizes the workforce expertise, equipment and facilities needed for effective health communication services.
- Utilizes the resources in workforce expertise, equipment and facilities needed for effective health education and promotion services.

Please answer the following questions related to Indicator 3.4:

3.4.1 Does the IDHS manage its current health communication and health education and promotion resources and develop new resources?

If so, does the IDHS:

3.4.1.1 Apply existing resources to high priority areas in health education and promotion?

3.4.1.2 Seek new sources of funding to support health communication and health education and promotion activities?

3.4.1.3 Plan for development of new resources for the future?

3.4.2 Does the IDHS share system-wide resources to implement health communication and health education and promotion services?

If so, does the IDHS:

3.4.2.1 Coordinate workforce resources that contribute to the health communication/education/promotion function?

3.4.2.2 Coordinate IDHS-wide technology development activities to more effectively develop and disseminate health information messages?

3.4.2.3 Share financial resources to invest in health communication and health education/promotion activities?

3.4.3 Does the IDHS utilize the resources necessary for effective health communications and health education and promotion interventions?

If so, are IDHS resources for this service allocated to:

3.4.3.1 Planning interventions?



- 3.4.3.2 Developing interventions?
- 3.4.3.3 Implementing interventions?
- 3.4.3.4 Evaluating interventions?
- 3.4.3.5 Targeting special populations with culturally and linguistically appropriate resource materials?

3.4.4 Does the IDHS utilize the professional expertise necessary for effective health communications/education/promotion interventions?  
If so, does this health communication expertise include:

- 3.4.4.1 Planning for health communications?
- 3.4.4.2 Developing health communications?
- 3.4.4.3 Implementing health communications?
- 3.4.4.4 Evaluating health communications?
- 3.4.4.5 Risk communication skills?
- 3.4.4.6 Media advocacy?
- 3.4.4.7 Social marketing

---

**3.4.5** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**3.4.5.1** *What percent of the answer reported in question 3.4.6 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Essential Service # 4: Mobilize Partnerships to Identify and Solve Health Problems**

### **This service includes:**

- The organization and leadership to convene, facilitate, and collaborate with statewide partners (including those not typically considered to be health-related) to identify diabetes priorities and create effective solutions to solve state and local diabetes-related health problems.
- The building of a statewide partnership to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state's diabetes health status.
- Assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.

### **Indicator 4.1: Planning and Implementation**

#### **SDHS Model Standard:**

The SDHS conducts a variety of statewide community-building practices to identify and to solve diabetes-related health problems. These practices include community engagement, constituency development, and partnership mobilization, which is the most formal and potentially far-reaching of these practices.

To accomplish this, the SDHS:

- Engages communities and builds public health constituencies on a variety of diabetes-related health issues by identifying, convening, and communicating with organizations that contribute to or benefit from the delivery of the Essential Public Health Services.
- Organizes partnerships (including those not typically considered to be health-related) for diabetes to foster the sharing of resources, responsibilities, collaborative decision-making, and accountability for delivering Essential Public Health Services at the state and local levels. For example: statewide coalitions, advisory council, etc.
- Regularly communicates with constituencies and partners, including state and local policy leaders, on priority diabetes-related health issues and engages in efforts to strengthen public health resources at the state and community levels.

Please answer the following questions related to Indicator 4.1:

4.1.1 Does the IDHS build constituencies to address diabetes-related health issues?

If so, does the IDHS:

4.1.1.1 Identify key constituents for specific diabetes-related health concerns (e.g., disease, risk factor, life stage need, health topic)?

4.1.1.2 Establish and communicate the purpose for seeking dialogue and action from partners or communities?

4.1.1.3 Maintain linkages to facilitate communication and resource sharing?

- 4.1.2 Does the IDHS build partnerships to identify and to solve health problems?  
If so, do these partnerships include:

- 4.1.2.1 Mobilization for collaborative decision-making and action?
- 4.1.2.2 Sharing resources to deliver the Essential Public Health Services?
- 4.1.2.3 Sharing responsibilities to deliver the Essential Public Health Services?
- 4.1.2.4 Sharing accountability for delivery of the Essential Public Health Services?
- 4.1.2.5 Collaborations with a broad representation of partners?  
If so, does this representation include:

- 4.1.2.5.1 Government agencies outside the IDHS?
- 4.1.2.5.2 Hospitals and other health care facilities?
- 4.1.2.5.3 Foundations or philanthropic organizations?
- 4.1.2.5.4 Managed care organizations?
- 4.1.2.5.5 Physicians and other health care workers and their associations?
- 4.1.2.5.6 Social service providers?
- 4.1.2.5.7 Civic organizations?
- 4.1.2.5.8 Professional public health and health care associations?
- 4.1.2.5.9 Business and industry?
- 4.1.2.5.10 Labor organizations/unions?
- 4.1.2.5.11 Faith institutions?
- 4.1.2.5.12 Transportation?
- 4.1.2.5.13 Schools?
- 4.1.2.5.14 Institutions of higher education?
- 4.1.2.5.15 Public safety and emergency response organizations?
- 4.1.2.5.16 Environmental or environmental health organization?
- 4.1.2.5.17 Occupational health organizations?
- 4.1.2.5.18 Community members or consumers (including those at increased risk of negative health outcomes)?
- 4.1.2.5.19 Legislators and other state and local policymakers?
- 4.1.2.5.20 Cooperative Extension?

- 4.1.3 Are there established processes and times to brief state and local policy leaders on priority diabetes-related health issues?  
If so,

- 4.1.3.1 Do IDHS members engage state and local policy leaders in efforts to strengthen public health resources at the state and community levels?
- 4.1.3.2 Do IDHS members regularly communicate with the public regarding partnership actions taken to improve community health?

---

**4.1.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**4.1.4.1** *What percent of the answer reported in question 4.1.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Indicator 4.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides local health systems and other state partners with training and technical assistance for constituency development and partnership facilitation based on current research, effective community mobilization models, and group facilitation processes.

To accomplish this, the SDHS:

- Provides consultation in community development and organization, coalition building and maintenance, advocacy development and media relations, team management, negotiation, and conflict resolution to local health systems and other state partners.
- Provides training in community development and organization, coalition building and maintenance, advocacy development and media relations, team management, negotiation, and conflict resolution to local health systems and other state partners.

Please answer the following questions related to Indicator 4.2:

4.2.1 Does the IDHS provide consultation to local health systems and other state partners to build partnerships for community health improvement?

If so, is consultation provided in:

4.2.1.1 Community (economic and infrastructure) development?

4.2.1.2 Constituency development?

4.2.1.3 Coalition building and maintenance?

4.2.1.4 Advocacy development?

4.2.1.5 Media relations?

4.2.1.6 Processes for effective team management?

4.2.1.7 Processes for effective negotiation and conflict resolution?

4.2.2 Does the IDHS provide training to local health systems and other state partners to build partnerships for community health improvement?

If so, is training provided in:

4.2.2.1 Community (economic and infrastructure) development?

4.2.2.2 Constituency development?

4.2.2.3 Coalition building and maintenance?

4.2.2.4 Advocacy development approaches?

4.2.2.5 Media relations?

4.2.2.6 Effective team management?

4.2.2.7 Effective negotiation and conflict resolution?

---

**4.2.3** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**4.2.3.1** *What percent of the answer reported in question 4.2.3 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

### **Indicator 4.3: Evaluation and Quality Improvement**

#### **SDHS Model Standard:**

The SDHS reviews its activities to mobilize partnerships to identify and solve diabetes-related health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SDHS:

- Reviews its constituency-building and partnership facilitation processes, and institutes improvements based on assessment findings in order to continually enhance partnerships and constituent relationships.
- Regularly reviews the participation and commitment provided by its policy leaders, other state partners, and its constituent populations in the partnership efforts.

Please answer the following questions related to Indicator 4.3:

4.3.1 Does the IDHS review its constituency-building and partnership facilitation activities?  
If so,

4.3.1.1 Are there methods to assess the effectiveness of partnership participation in solving health problems?

4.3.1.2 Are there processes for obtaining information on the satisfaction of constituents with IDHS efforts?

4.3.1.3 Does the IDHS assess the expertise and system capacity needed to conduct constituency-building activities?

4.3.1.4 Are actions, if needed, taken to modify the IDHS constituency-building processes and capacity based on the recommendations of the most recent review?

4.3.2 Does the IDHS review the participation and commitment of its partners?  
If so, does the IDHS review the participation of:

4.3.2.1 Policy leaders?

4.3.2.2 State partners?

4.3.2.3 Constituent populations served?

---

**4.3.3** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

**4.3.3.1** *What percent of the answer reported in question 4.3.3 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

#### **Indicator 4.4: Resources**

##### **SDHS Model Standard:**

The SDHS effectively invests, manages, and utilizes its human, information, technological and financial resources to assure that its mobilization of partnerships meets the needs of the state's population.

To accomplish this, the SDHS:

- Allocates existing resources for mobilizing partnerships to areas of highest need and plans for the development of new resources.
- Collaborates with partners to leverage system-wide resources and focus statewide assets on constituency development and partnership mobilization.
- Continuously evolves new constituents and new partners and supports partnership growth.
- Commits resources to support actions developed by partnerships.
- Utilizes workforce expertise in collaborative group processes necessary to assist partners to organize and act on behalf of the health of the public, including knowledge of factors influencing community and partner participation and principles of community engagement.

Please answer the following questions related to Indicator 4.4:

4.4.1 Does the IDHS manage its current constituency development and partnership mobilization resources and develop new resources?

If so, does the IDHS:

4.4.1.1 Apply existing resources to high priority areas in partnership mobilization?

4.4.1.2 Plan for development of new resources for the future?

4.4.1.3 Seek new sources of funding for partnership activities?

4.4.2 Does the IDHS share system-wide resources to develop constituencies and mobilize partnerships?

If so, does the IDHS:

4.4.2.1 Coordinate workforce resources that contribute to the partnership mobilization efforts?

4.4.2.2 Coordinate IDHS-wide technology development activities to more effectively collaborate within partnerships?

4.4.2.3 Share financial resources to invest in the partnership mobilization efforts?

4.4.3 Does the IDHS maintain information about organizations that are current or potential partners?

4.4.4 Does the IDHS commit resources to sustain partnerships?



- 4.4.5 Does the IDHS utilize workforce expertise in collaborative group processes necessary to assist partners to organize and act in the interest of public health?  
If so, are these workforce members skilled in:

4.4.5.1 Principles of community engagement?

4.4.5.2 Factors influencing community and partner participation?

4.4.5.3 Community organizing?

4.4.5.4 Building and maintaining coalitions?

4.4.5.5 Developing positions and strategies for generating dialogue and action?

4.4.5.6 Implementing public health improvements?

4.4.5.7 Negotiation and conflict management?

4.4.5.8 Planning and coordinating events?

4.4.5.9 Collaborative leadership?

- 4.4.6** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

- 4.4.6.1** *What percent of the answer reported in question 4.4.6 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

<b>Essential Service # 5: Develop Policies and Plans that Support Individual and Statewide Health Efforts</b>
---

**This service includes:**

- Systematic health planning that relies on appropriate data, develops and tracks measurable health objectives, and establishes strategies and actions to guide community health improvement at the state and local levels.
- The support of development of legislation, regulations, guidelines, and other policies to enable performance of the Essential Public Health Services, supporting individual, community, and state health efforts.
- The promotion of a democratic process of dialogue and debate between groups affected by the proposed health plans and policies prior to adoption of such plans or policies.

**Indicator 5.1: Planning and Implementation**

<p><b>SDHS Model Standard:</b></p> <p>The SDHS implements comprehensive health improvement planning and policy development that integrates diabetes health status information, public input, analysis of policy options, recommendations for action based on proven interventions and information for policymakers.</p> <p>To accomplish this, the SDHS:</p> <ul style="list-style-type: none"><li>▪ Develops statewide diabetes improvement processes that include convening partners, facilitating collaborations, and gaining statewide participation in identifying diabetes-related health priorities, recommending measurable health objectives, and identifying individuals and organizations that accept responsibility for implementing specific statewide strategies and defined tasks.</li><li>▪ Establishes a state diabetes health improvement plan integrated into the overall state plan. This should address strategic and operational directions for control and preventive interventions for individuals and community populations, systems and infrastructure changes to improve capacity and preparedness for critical health improvements identified in the state health profile and Healthy People 2010 objectives, including the national diabetes objectives.</li><li>▪ Engages in health policy development activities and takes necessary actions (including communication with community advocacy groups and advocating to policy makers) to raise awareness of policies that affect diabetes.</li></ul>
---



Please answer the following questions related to Indicator 5.1:

5.1.1 Does the IDHS implement statewide diabetes-related health improvement processes that convene partners and facilitate collaboration?

If so, do:

5.1.1.1 Participants identify statewide diabetes-related health improvement priorities?

- 5.1.1.2 Participants recommend measurable diabetes-related health improvements in the form of objectives?
- 5.1.1.3 Participants propose a collaborative approach for accomplishing those objectives?
- 5.1.1.4 Participants in the process solicit input from other state and community-level leaders and constituent populations affected by the diabetes-related health improvement efforts?
- 5.1.1.5 Decision-makers in the process include state and community-level leaders and constituent populations affected by the diabetes-related health improvement efforts?
- 5.1.2 Does the state diabetes-related health improvement plan include health objectives and improvement strategies for the state?  
If so,
  - 5.1.2.1 Do objectives and strategies address preventive interventions for individuals?
  - 5.1.2.2 Do objectives and strategies address preventive interventions for community populations?
  - 5.1.2.3 Do objectives and strategies address public health system changes needed to improve the delivery of the Essential Public Health Services?
  - 5.1.2.4 Are the policy changes that are needed to accomplish health objectives identified?
  - 5.1.2.5 Do objectives and strategies address systems changes to improve the readiness of public health in responding to new risks/threats or breakthroughs?
  - 5.1.2.6 Are objectives and strategies based on current health data from the state health profile and health surveillance findings?
  - 5.1.2.7 Are objectives and strategies based on national *Healthy People 2010* goals and objectives?
  - 5.1.2.8 Are individuals and organizations that have accepted responsibility for implementing specific statewide strategies and defined tasks identified?
  - 5.1.2.9 Are indicators used to measure progress toward achievement of health objectives?
- 5.1.3 Does the IDHS conduct policy development activities?  
If so, do these activities include:
  - 5.1.3.1 Preparing issue briefs or white papers?
  - 5.1.3.2 Convening meetings to hear public testimony and recommendations?
  - 5.1.3.3 Informing state boards or advisory panels responsible for health policy development?
  - 5.1.3.4 Communicating with federal boards or advisory panels responsible for health policy development?
  - 5.1.3.5 Drafting public health rules and regulations?
  - 5.1.3.6 Identifying policy changes needed to achieve the objectives in the state health improvement plan?

---

**5.1.4** *How much of this IDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**5.1.4.1** *What percent of the answer reported in question 5.1.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

## **Indicator 5.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides assistance, capacity building, and resources to local health systems and other state partners in their efforts to develop policies and plans that support individual and statewide diabetes efforts.

To accomplish this, the SDHS:

- Provides technical assistance to local health systems and other state partners conducting community diabetes health improvement processes by assisting with the use of health planning models, the application of diabetes data to determine priorities and objectives, the selection and use of intervention strategies, and the mobilization of the community in designing and implementing the improvement process.
- Supports development of community diabetes health improvement plans and the integration of diabetes issues and improvement strategies into other local community development and planning initiatives.
- Supports development of local operational plans and procedures for addressing statewide systems improvement plans including public health infrastructure improvements and systems changes.
- Provides technical assistance and support for conducting local health policy development by assisting with use of diabetes data, obtaining public input, analyzing policy options, developing recommendations based on proven interventions, informing policymakers of policy issues, and drafting rules and regulations needed to protect and promote the health of the public.

Please answer the following questions related to Indicator 5.2:

5.2.1 Does the IDHS provide technical assistance to local health systems and other state partners for conducting community health improvement processes?

If so, does this technical assistance include:

5.2.1.1 Training in use of health planning models such as APEXPH, MAPP (Mobilizing for Action through Planning and Partnerships) or Diabetes Today?

5.2.1.2 Using local health data in decision-making for determining community health priorities and objectives?

5.2.1.3 Selecting and using effective intervention strategies for addressing local health priorities and objectives?

5.2.1.4 Mobilizing communities in the design and implementation of the improvement process?

5.2.2 Does the IDHS provide technical assistance regarding the integration of health issues and improvement strategies into other local community development planning initiatives (e.g., Chamber of Commerce, Compass, or Healthy Cities initiatives)?

5.2.3 Does the IDHS provide technical assistance regarding the development of local operational plans and procedures for addressing the state health improvement plan? If so, does the IDHS provide technical assistance for:

5.2.3.1 Public health infrastructure improvements?

5.2.3.2 System changes to improve statewide public health response to routine operations?

5.2.4 Does the IDHS provide technical assistance in local health policy development?

---

**5.2.5** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**5.2.5.1** *What percent of the answer reported in question 5.2.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

### **Indicator 5.3: Evaluation and Quality Improvement**

#### **SDHS Model Standard:**

The SDHS reviews its activities to develop policies and plans that support individual and statewide diabetes efforts on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SDHS:

- Reviews and reports annually on progress towards accomplishing its diabetes health objectives.
- Reviews new and existing public health policies to determine their impacts.
- Modifies its diabetes health improvement and policy actions based on evaluation results in order to continually enhance efforts to improve the public's health.

Please answer the following questions related to Indicator 5.3:

5.3.1 Does the IDHS review progress towards accomplishing diabetes-related health improvement across the state?

If so,

5.3.1.1 Is progress reported annually on actions taken annually to implement the diabetes health improvement plan?

5.3.1.2 Is progress reported every three to five years on meeting the state's diabetes health improvement objectives?

5.3.1.3 Does the IDHS review the contributions of its partners toward accomplishing statewide diabetes health improvement objectives?

5.3.2 Does the IDHS review new and existing public health policies to determine the impacts of those policies on a predetermined, periodic basis?

If so,

5.3.2.1 Are policymakers and the public informed of the impact arising from implementation of those policies?

5.3.3 Does the IDHS modify its health improvement and policy actions related to diabetes based on reviews in order to enhance efforts to improve the public's health?

---

**5.3.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

**5.3.4.1** *What percent of the answer reported in question 5.3.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

## **Indicator 5.4: Resources**

### **SDHS Model Standard:**

The SDHS effectively invests, manages, and utilizes its human, information, and financial resources to assure that its health planning and policy practices meet the needs of the state's population.

To accomplish this, the SDHS:

- Allocates existing resources for developing and implementing diabetes policies and plans to areas of highest need and plans for the development of new resources.
- Collaborates with partners to leverage system-wide resources and focus statewide assets on planning and policy development.
- Utilizes workforce expertise in long-range, operational and strategic planning techniques.
- Utilizes workforce skills in diabetes policy development, including skills in public participation, policy analysis and development of protocols, guidelines, and administrative rules.
- Utilizes information systems in place that provide data relevant to planning and policy development issues.

Please answer the following questions related to Indicator 5.4:

5.4.1 Does the IDHS manage its current resources for diabetes related health planning and policy development and develop new resources?

If so, does the IDHS:

5.4.1.1 Apply existing resources to high need areas in health planning and policy development?

5.4.1.2 Plan for development of new resources for the future?

5.4.1.3 Seek new sources of funding to support planning and policy development activities?

5.4.2 Does the IDHS share system-wide resources to implement diabetes health planning and policy development?

If so, does the IDHS:

5.4.2.1 Coordinate workforce resources that contribute to planning and policy functions?

5.4.2.2 Coordinate IDHS-wide technology development activities to more effectively conduct planning and policy development?

5.4.2.3 Share financial resources to invest in the health planning and policy development function?

5.4.3 Does the IDHS utilize workforce expertise in strategic, long-range, and operational health planning?

If so, does this expertise include:

5.4.3.1 Developing organizational vision and mission statements?



- 5.4.3.2 Analyzing system strengths and weaknesses?
  - 5.4.3.3 Analyzing risk factors and contributing factors to health problems?
  - 5.4.3.4 Identifying external opportunities and risks/threats to public health?
  - 5.4.3.5 Facilitating a priority-setting process?
  - 5.4.3.6 Developing goals and objectives?
  - 5.4.3.7 Selecting effective intervention strategies?
  - 5.4.3.8 Selecting performance indicators?
  - 5.4.3.9 Monitoring performance in accomplishing plans and meeting objectives?
  - 5.4.3.10 Facilitating public participation in all planning activities?
- 5.4.4 Does the IDHS utilize workforce expertise in health policy?  
If so, is there expertise in:
- 5.4.4.1 Obtaining input from state and local constituents on policy issues?
  - 5.4.4.2 Prioritizing policy issues based upon their technical and political merit?
  - 5.4.4.3 Developing policy options?
  - 5.4.4.4 Analyzing policy options?
  - 5.4.4.5 Drafting legislation?
  - 5.4.4.6 Developing rules and regulations?
  - 5.4.4.7 Establishing procedures that guide operations for normal situations?
  - 5.4.4.8 Establishing protocols and procedures that guide operations for emergency situations?
  - 5.4.4.9 Conducting policy evaluations?
- 5.4.5 Does the IDHS utilize information systems that provide data useful to diabetes related health planning and policy development activities?

---

**5.4.6** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**5.4.6.1** *What percent of the answer reported in question 5.4.6 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Essential Service # 6: Enforce Laws and Regulations that Protect Health and Ensure Safety**

### **This service includes:**

- The review, evaluation, and revision of laws and regulations designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.
- Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance.
- Enforcement activities in areas of public health concern, including, but not limited to the coverage of diabetes self-management education and supplies, medical care provided in state-licensed health care facilities, school rights/policies, workplace discrimination, disposal of environmental contaminants, birth and death documentation, and the protection of rights for Americans with disabilities.
- 

### **Indicator 6.1: Planning and Implementation**

#### **SDHS Model Standard:**

The SDHS assures that their current enforcement activities are based on current public health science and best practice. The SDHS emphasizes collaboration between regulators, enforcers, and those who are obligated to obey laws and regulations and provides education to those who are to enforce and are affected by the laws and regulations.

To accomplish this, the SDHS:

- Reviews existing and proposed state laws and regulations related to diabetes to assure these reflect current scientific knowledge about public health and enforcement practices.
- Solicits input on compliance and enforcement issues of existing and proposed state laws and regulations related to diabetes from stakeholders including legislators, legal advisors, and constituents or members of the general public, especially individuals and organizations regulated or directly affected by the laws or regulations under review.
- Provides education and incentives to individuals, organizations, and governmental agencies obligated to obey and to enforce laws and regulations related to diabetes in order to encourage their compliance.
- Administers public health enforcement activities within its jurisdiction in accordance with clear, written guidelines.
- Ensures that administrative processes (permits, licenses, etc.) that individuals and organizations are required to complete, are customer-centered for convenience, cost, and quality of service.
- Collaborates with those in the regulated environment as well as partners who conduct compliance and enforcement activities to support compliance and to assure that laws and regulations accomplish their health and safety purposes.

Please answer the following questions related to Indicator 6.1:

- 6.1.1 Does the IDHS review state laws and regulations related to diabetes designed to protect the public's health and safety?  
If so,
  - 6.1.1.1 Do reviews address enforcement issues?
  - 6.1.1.2 Do reviews address whether laws and regulations reflect current public health science and best practices?
  - 6.1.1.3 Do reviews address the intended impacts of enforcing the current or proposed laws and regulations?
  - 6.1.1.4 Do reviews address the unintended consequences of enforcing the current or proposed laws and regulations?
  - 6.1.1.5 Do reviews identify modifications to improve laws and regulations?  
If so,
    - 6.1.1.5.1 Does the IDHS advocate for the proposed modifications to laws or regulations that are identified through their reviews?
- 6.1.2 Does the IDHS solicit input on compliance and enforcement issues for laws and regulations related to diabetes reviewed?
- 6.1.3 Does the IDHS provide education and incentives to encourage compliance with public health laws or regulations related to diabetes?
- 6.1.4 Does the IDHS use written guidelines to administer public health enforcement activities?
- 6.1.5 Does the IDHS enforce laws and regulations related to diabetes that protect health and ensure safety through collaborative efforts?  
If so,
  - 6.1.5.1 Have partnerships been developed with those in the regulated environment to support compliance activities?
  - 6.1.5.2 Do partner organizations in the IDHS who conduct compliance and enforcement activities collaborate with each other to assure that laws and regulations accomplish their health and safety purposes?

---

**6.1.6** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**6.1.6.1** *What percent of the answer reported in question 6.1.7 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

*0-25%*  
1

*26-50%*  
2

*51-75%*  
3

*76-100%*  
4

## **Indicator 6.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides assistance, capacity building, and resources to local health systems and other state partners in their efforts to enforce laws and regulations that protect health and ensure safety.

To accomplish this, the SDHS:

- Provides technical assistance and support to local health systems and other state partners in the enforcement of public health laws and regulations related to diabetes, including protocols, consultation, and training that incorporate current public health knowledge and enforcement practices.
- Ensures that enforcement training courses are available that provide the most current public health information related to the regulated environment, build counseling skills to explain the best approaches for regulatory compliance, and reflect the best enforcement practices.
- Provides direct assistance in complex or difficult enforcement operations.
- Provides local governing bodies assistance in developing laws, regulations, and ordinances related to diabetes that incorporate current public health knowledge and enforcement practices.

Please answer the following questions related to Indicator 6.2:

6.2.1 Does the IDHS provide technical assistance to local health systems and other state partners in the enforcement of public health laws and regulations related to diabetes?

6.2.2 Does the IDHS provide direct assistance to local health systems and other state partners in complex or difficult enforcement operations? (e.g. local jails, schools, etc)

---

**6.2.3** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**6.2.3.1** *What percent of the answer reported in question 6.2.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

### **Indicator 6.3: Evaluation and Quality Improvement**

#### **SDHS Model Standard:**

The SDHS reviews its activities to enforce laws and regulations related to diabetes that protect health and ensure safety on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SDHS:

- Reviews its capacity to conduct enforcement functions within the state, including assuring that laws and regulations related to diabetes are scientifically sound, personnel are properly trained, people and organizations are informed and equipped to comply with and to enforce laws and regulations, administrative processes are customer centered, and enforcement actions follow established protocol.
- Monitors enforcement procedures and acts quickly to correct abuse or misuse of authority.
- Examines the technical assistance provided to local health systems for enforcement of public health laws and regulations, including developing ordinances, establishing protocols to guide local enforcement activities, delivering consultation services, and training people with needed skills to comply with laws and regulations.
- Makes improvements in enforcement functions based on the examination findings.

Please answer the following questions related to Indicator 6.3:

- 6.3.1 Does the IDHS review its capacity to conduct enforcement functions related to diabetes laws and regulations within the state?
- 6.3.2 Does the IDHS review the technical assistance provided to local health systems and other state partners regarding the enforcement of diabetes-related health laws and regulations?
- 6.3.3 Does the IDHS make improvements in its enforcement activities based on the review findings?

---

**6.3.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**6.3.4.1** *What percent of the answer reported in question 6.3.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Indicator 6.4: Resources**

### **SDHS Model Standard:**

The SDHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to enforce laws and regulations related to diabetes that protect health and ensure safety of the state's population.

To accomplish this, the SDHS:

- Allocates existing resources for the enforcement of health and safety laws and regulations related to diabetes to areas of highest need and plans for the development of new resources.
- Collaborates with partners to leverage system-wide resources and focus statewide assets on enforcement activities.
- Utilizes expertise in legislative and regulatory development processes.
- Utilizes expertise to enforce laws and regulations related to diabetes designed to protect the public's health.
- Utilizes expertise to educate those affected by public health laws and regulations related to diabetes about their importance as well as the methods of adhering to the laws and regulations designed to protect the public's health.

Please answer the following questions related to Indicator 6.4:

- 6.4.1 Does the IDHS manage its current resources used for enforcement and develop new resources?
- 6.4.2 Does the IDHS share system-wide resources to implement enforcement activities?
- 6.4.3 Does the IDHS utilize expertise in legislative and regulatory processes?
- 6.4.4 Does the IDHS utilize its workforce expertise to enforce laws and regulations designed to protect the public's health?
- 6.4.5 Does the IDHS utilize workforce expertise to educate those affected by public health laws and regulations?
  - If so, does this expertise include abilities to educate:
    - 6.4.5.1 The general public on the importance of adhering to health laws and regulations?
    - 6.4.5.2 Members of the regulated environment on the importance and methods of adhering to health laws and regulations?

---

**6.4.6** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**6.4.6.1** *What percent of the answer reported in question 6.4.6 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4



<b>Essential Service # 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable</b>
---

**This service includes:**

- Assessment of access to and availability of quality diabetes-related personal health care services for the state's population.
- Assurances that access is available to a coordinated system of quality care which includes outreach services to link populations to preventive and curative care, health care delivery services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and health care quality review programs.
- Partnership with public, private, and voluntary sectors to provide populations with a coordinated system of health care.
- Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

**Indicator 7.1: Planning and Implementation**

<p><b>SDHS Model Standard:</b></p> <p>The SDHS assesses the availability of diabetes-related personal health care services for the state population and works collaboratively with statewide partners and local health systems to help assure that the entire state population has access to quality care.</p> <p>To accomplish this, the SDHS:</p> <ul style="list-style-type: none"><li>• Assesses the availability and utilization of diabetes-related personal health care services for all persons living in the state, including underserved populations.</li><li>• Works collaboratively with local health systems and other state partners to identify underserved populations and improve access to personal health care.</li><li>• Works with public health care providers from multiple disciplines to assure access, utilization, and quality of diabetes-related personal health care for persons living in the state.</li><li>• Provides information to policymakers regarding barriers to accessing diabetes-related personal health care services within the state, and the SDHS recommends adoption of policies to increase access to health care.</li><li>• Delivers services to improve access to diabetes-related personal health care.</li></ul>
---



Please answer the following questions related to Indicator 7.1:

- 7.1.1 Does the IDHS assess the availability of diabetes-related personal health care services to the state's population?
- 7.1.2 Through collaborations with local health systems and other state partners, does the IDHS identify medically underserved populations within the state?
- 7.1.3 Does the IDHS work with health care providers to assure care for all persons living in the

state?

7.1.4 Does the IDHS inform policymakers of barriers to accessing diabetes-related personal health care services within the state?

7.1.5 Does the IDHS deliver services and programs to improve access to diabetes-related personal health care?

---

**7.1.6** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**7.1.6.1** *What percent of the answer reported in question 7.1.6 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

## **Indicator 7.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides assistance to local health systems and other state partners to identify medically underserved populations and to develop innovative approaches for meeting their health care needs related to diabetes.

To accomplish this, the SDHS helps local health systems and other state partners:

- Identify and meet the needs of persons encountering barriers to diabetes health care.
- Develop innovative partnerships to promote access to diabetes health care for underserved populations.
- Design health care delivery programs related to diabetes for underserved populations.

The SDHS also:

- Works with local health systems and other state partners to coordinate and integrate complementary programs to optimize resources and access to needed diabetes services.
- Provides technical assistance to local health systems and other state partners in quality improvement and management of diabetes-related personal health care delivery.

Please answer the following questions related to Indicator 7.2:

- 7.2.1 Does the IDHS assist local health systems and other state partners in the identification of barriers to diabetes-related health care access?
- 7.2.2 Does the IDHS assist local health systems and other state partners in the development of partnerships to reduce barriers and promote access to health care for under-served populations?
- 7.2.3 Does the IDHS assist local health systems and other state partners in the design of diabetes-related health care delivery programs for underserved populations?
- 7.2.4 Does the IDHS provide diabetes-related health care services at the local level when they cannot be satisfactorily delivered by others?
- 7.2.5 Does the IDHS work with local health systems and other state partners to coordinate complementary programs (such as adult immunization programs) to optimize access to needed services?
- 7.2.6 Does the IDHS provide technical assistance to safety-net providers who deliver diabetes-related personal health care to underserved populations?  
If so, does the IDHS offer technical assistance in:
- 7.2.6.1 Health care management?
- 7.2.6.2 Delivery of diabetes-related personal health care?
- 7.2.6.3 Quality improvement processes for diabetes-related personal health care delivery?

---

**7.2.7** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**7.2.7.1** *What percent of the answer reported in question 7.2.7 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

### **Indicator 7.3: Evaluation and Quality Improvement**

#### **SDHS Model Standard:**

The SDHS reviews its performance in identifying barriers to health care access and gaps in the availability of diabetes-related personal health care, as well as its ability to assure the state's population receives appropriate and timely diabetes care.

To accomplish this, the SDHS:

- Reviews programs designed to assure the provision of diabetes-related personal health care services, (e.g., Medicaid, health professionals' licensing, medical facility licensing), including their availability and appropriateness, through the use of current national or state-developed guidelines.
- Incorporates the perspectives of those who experience problems with their diabetes-related personal health care in their reviews.
- Institutes changes in programs designed to assure the provision of diabetes-related personal health care based on their review findings.

Please answer the following questions related to Indicator 7.3:

7.3.1 Does the IDHS review programs that assure the provision of diabetes-related personal health care services within the state?

If so, does the review address:

7.3.1.1 The identification and removal of barriers to accessing diabetes-related personal health care?

7.3.1.2 Services delivered through the programs?

7.3.2 Does the IDHS incorporate the perspectives of those who experience problems with accessibility and availability of diabetes health care in their evaluations?

7.3.3 Does the IDHS institute change in programs designed to assure diabetes-related personal health care based on findings from monitoring and evaluation activities?

---

**7.3.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**7.3.4.1** *What percent of the answer reported in question 7.3.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

## **Indicator 7.4: Resources**

### **SDHS Model Standard:**

The SDHS effectively invests, manages, and utilizes its human, information, technology and financial resources to assure the provision of diabetes-related personal health care to meet the needs of the state's population.

To accomplish this, the SDHS:

- Allocates existing resources for provision of needed diabetes-related personal health care to areas of highest need and plans for development of new resources.
- Collaborates with partners to leverage system-wide resources and focus statewide assets on linking people to needed diabetes-related personal health care and assuring the provision of health care.
- Invests in an entity responsible for monitoring and evaluating the availability, utilization, and effectiveness of diabetes-related personal health care delivery within the state.
- Utilizes workforce skills in health care services evaluation needed to track diabetes health care availability, access, usage, and quality of care.
- Utilizes workforce skills in diabetes health care systems analysis.
- Utilizes workforce skills in diabetes health care services delivery, quality improvement processes, and outreach to underserved populations.

Please answer the following questions related to Indicator 7.4:

7.4.1 Does the IDHS manage its current resources and develop future resources to assure the provision of diabetes-related personal health care?

If so, does the IDHS:

7.4.1.1 Apply existing resources to high priority areas in health care provision?

7.4.1.2 Plan for development of new resources for the future?

7.4.1.3 Seek new sources of funding for health care provision where otherwise unavailable?

7.4.2 Does the IDHS share system-wide resources to effectively provide needed diabetes-related personal health care?

If so, does the IDHS:

7.4.2.1 Coordinate workforce resources that contribute to the provision of diabetes-related personal health care?

7.4.2.2 Coordinate IDHS-wide technology development activities to more effectively conduct outreach to link people to needed care?

7.4.2.3 Share financial resources to invest in the provision of needed health care?

7.4.3 Does the IDHS have an entity responsible for monitoring diabetes-related personal health care delivery within the state?

If so, does this entity have the capability to:

- 7.4.3.1 Review the availability of diabetes-related personal health care?
- 7.4.3.2 Review the accessibility of diabetes-related personal health care?
- 7.4.3.3 Review the quality of diabetes-related personal health care?
- 7.4.3.4 Make recommendations to policy leaders and safety-net providers on methods to improve delivery of diabetes-related personal health care services?
- 7.4.4 Does the IDHS utilize workforce skills in reviewing health care services?  
If so, does staff utilize skills to review the:
  - 7.4.4.1 Availability of health care services?
  - 7.4.4.2 Health care utilization patterns?
  - 7.4.4.3 Effectiveness of health care services?
  - 7.4.4.4 Sources of health care services?
- 7.4.5 Does the IDHS utilize a workforce skilled in the analysis of health services?  
If so, does staff utilize skills in:
  - 7.4.5.1 Policy analysis?
  - 7.4.5.2 Economic analysis?
  - 7.4.5.3 Health care systems analysis?
- 7.4.6 Does the IDHS utilize a workforce skilled in managing health services quality improvement programs?  
If so, does staff utilize skills in:
  - 7.4.6.1 Quality improvement for health care programs?
  - 7.4.6.2 Staff development for health care providers?
  - 7.4.6.3 Provision of technical assistance for health care improvement?
- 7.4.7 Does the IDHS utilize a workforce skilled in the delivery of health care services programs and linking people to needed services?  
If so, do staff capabilities include:
  - 7.4.7.1 Knowledge of eligibility requirements for federal health programs?
  - 7.4.7.2 Knowledge of eligibility requirements for state and local health programs?
  - 7.4.7.3 Skills to assist underserved populations in receiving needed health services?
  - 7.4.7.4 Skills in collaborating with social service agencies to assure coordination in services for underserved populations?
  - 7.4.7.5 Skills to implement innovative health care delivery methods to improve access, such as mobile vans, storefront health centers, and/or Tele-medicine programs?

---

**7.4.8** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**7.4.8.1** *What percent of the answer reported in question 7.4.8 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4



## **Essential Service # 8: Assure Competent Public and Personal Health Care Workforce**

### **This service includes:**

- Education, training, development, and assessment of health professional--including partners, volunteers and other lay community health workers--to meet statewide needs for public and personal diabetes health services.
- Efficient processes for credentialing technical and professional health personnel.
- Adoption of continuous quality improvement and life-long learning programs.
- Partnerships with professional workforce development programs to assure relevant learning experiences for all participants.
- Continuing education in management, cultural competence, and leadership development programs.

### **Indicator 8.1: Planning and Implementation**

#### **SDHS Model Standard:**

The SDHS identifies the diabetes public health workforce (the workforce providing population-based and personal health services in public and private settings across the state) needs of the state and implements recruitment and retention policies to fill those needs. The SDHS provides training and continuing education to assure that the workforce will effectively deliver the Essential Services of Public Health.

To accomplish this, the SDHS:

- Assesses the numbers, qualifications, and geographic distributions of personnel required to meet statewide diabetes-related health services needs.
- Develops workforce development plans, based on the assessment, that establish benchmarks and actions needed to recruit, maintain and sustain a competent workforce.
- Provides resource development programs that include training in leadership and management, cultural beliefs and practices influencing health, application of information technologies, and competencies in health occupations related to diabetes.
- Assures that personnel in regulated professions meet prescribed competencies including certifications, licenses, and education required by law or recommended by local, state, or federal policy guidelines.
- Supports life-long learning through initiatives such as career ladder advancement opportunities, coaching and mentoring programs, and financial support for technical and professional development related to diabetes.
- Encourages their workforce to apply leadership qualities to community health improvement activities related to diabetes.

Please answer the following questions related to Indicator 8.1:

- 8.1.1 Does the IDHS assess workforce needs to deliver population-based and diabetes-related health care services in the state?
  - 8.1.2 Does the IDHS develop a statewide workforce development plan to guide its activities in workforce development?
  - 8.1.3 Do IDHS human resources development programs provide training to enhance needed workforce skills?
  - 8.1.4 Does the IDHS assure that individuals in regulated professions meet prescribed competencies required by law or recommended by local, state, or federal policy guidelines?
  - 8.1.5 Does the IDHS support initiatives that encourage life-long learning?
  - 8.1.6 Does the IDHS workforce apply leadership skills to community health improvement activities?
- 

**8.1.7** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**8.1.7.1** *What percent of the answer reported in question 8.1.7 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Indicator 8.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides assistance, capacity building, and resources to local health systems and other state partners in their efforts to assure a competent diabetes care workforce.

To accomplish this, the SDHS:

- Assists local health systems and other state partners in assessing diabetes health workforces.
- Provides assistance to local health systems and other state partners on recruitment, retention, and performance improvement strategies to fill workforce gaps and decrease performance deficiencies.
- Assures the availability of educational course work to enhance the skills of the workforce of local health systems and other state partners.
- Facilitates linkages between state partners, local health systems, and academic institutions to ensure variety and currency of continuing education programs related to diabetes.

Please answer the following questions related to Indicator 8.2:

- 8.2.1 Does the IDHS assist local health systems and other state partners in completing assessments of their diabetes-related and public health workforces?
- 8.2.2 Does the IDHS assist local health systems and other state partners with workforce development?
- 8.2.3 Does the IDHS assure the availability of educational course work related to diabetes to enhance the skills of the workforce of local health systems and other state partners?
- 8.2.4 Does the IDHS have a process for facilitating linkages between state partners, local health systems, and academic institutions that improve continuing education offerings related to diabetes?

---

**8.2.5** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**8.2.5.1** *What percent of the answer reported in question 8.2.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

### **Indicator 8.3: Evaluation and Quality Improvement**

#### **SDHS Model Standard:**

The SDHS reviews its activities to assure a competent public and personal care workforce on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SDHS:

- Reviews its workforce assessment activities to determine if personal health care and public health workforces fill current and future demand for diabetes services in the state.
- Assesses achievements of the statewide workforce development plan in meeting health workforce needs and quality improvement goals.
- Uses performance appraisal programs that include consumer satisfaction, to stimulate individual and organizational quality improvements of diabetes public health workers and their institutions

Please answer the following questions related to Indicator 8.3:

8.3.1 Does the IDHS review its workforce assessment activities?

8.3.2 Does the IDHS assess achievements of the workforce development plan?

8.3.3 Does the IDHS use performance appraisal programs to stimulate quality improvement of the diabetes-related health care and public health workforce?

---

**8.3.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

**8.3.4.1** *What percent of the answer reported in question 8.3.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%  
1

26-50%  
2

51-75%  
3

76-100%  
4

## **Indicator 8.4: Resources**

### **SDHS Model Standard:**

The SDHS effectively invests, manages, and utilizes its human, information, technology and financial resources to assure a competent public and personal diabetes health care workforce.

To accomplish this, the SDHS:

- Allocates its existing workforce resources related to diabetes to areas of highest need and plans for development of new resources.
- Collaborates with partners to leverage system-wide resources related to diabetes and focus statewide assets on workforce development.
- Utilizes a system of life-long learning to develop and extend the competencies of the state's diabetes health services workforce, including pre-service and in-service educational opportunities.
- Utilizes programs that develop and support leadership in the public and personal diabetes health workforce.
- Utilizes programs that develop and support cultural competencies in the public and personal diabetes health workforce.
- Utilizes expertise in the management of human resource development programs supporting the delivery of high quality diabetes personal and public health services.
- Invests resources to recruit and retain qualified diabetes health professionals in all areas of the state.

Please answer the following questions related to Indicator 8.4:

8.4.1 Does the IDHS manage its current workforce development resources related to diabetes and develop future resources?

If so, does the IDHS:

8.4.1.1 Apply existing resources to high priority areas in workforce development?

8.4.1.2 Plan for development of new resources for the future?

8.4.1.3 Seek new sources of funding for workforce development activities?

8.4.2 Does the IDHS share system-wide resources to effectively conduct workforce development activities related to diabetes?

If so, does the IDHS:

8.4.2.1 Coordinate workforce resources that contribute to the workforce development function?

8.4.2.2 Coordinate IDHS-wide technology development activities to more effectively conduct workforce development?

8.4.2.3 Share financial resources to invest in workforce development?

8.4.3 Does the IDHS utilize a system of life-long learning for their diabetes-related workforce?

If so,

8.4.3.1 Does the IDHS utilize **pre-service education** to develop the competencies of the state's diabetes-related health services workforce?

If so, does this system utilize:

- 8.4.3.1.1 Instructors competent to prepare entry-level workforces to meet the diabetes-related health services needs of the state?
- 8.4.3.1.2 Accredited education programs that prepare individuals to meet standards of credentialing in diabetes-related health occupations?
- 8.4.3.1.3 Education programs using current instructional technologies for preparing individuals to enter diabetes-related health occupations?
- 8.4.3.1.4 Facilities providing onsite, face-to-face, group instruction for individuals to enter diabetes-related health occupations?
- 8.4.3.1.5 Facilities providing distance-based instruction to individuals entering diabetes-related health occupations?

8.4.3.2 Does the IDHS utilize **in-service education** to extend the competencies of the state's diabetes-related health services workforce?

If so, does the system utilize:

- 8.4.3.2.1 Instructors competent to extend the skills of existing technical and professional workforce addressing the diabetes-related health services needs of the state?
- 8.4.3.2.2 Accredited education programs to assist individuals maintain employment or credentialing requirements for their diabetes-related health occupation?
- 8.4.3.2.3 Education programs using the most current instructional technologies available to extend the skills of individuals working in diabetes-related health occupations?
- 8.4.3.2.4 Facilities providing onsite, face-to-face, group instruction for individuals extending their skills in a diabetes-related health occupation?
- 8.4.3.2.5 Facilities providing distance-based instruction to individuals extending their skills in a diabetes-related health occupation?

8.4.4 Does the IDHS utilize leadership development programs for the public and diabetes-related health workforce in the state?

8.4.5 Does the IDHS utilize programs to develop cultural competencies among the public and diabetes-related health workforce in the state?

8.4.6 Does the IDHS utilize expertise in management of human resource development programs supporting the delivery of high quality diabetes-related and public health services?

If so, does this expertise include:

- 8.4.6.1 Defining competencies required to deliver quality health services in the state?
- 8.4.6.2 Assessing competencies of the health services workforce in the state?
- 8.4.6.3 Examining competencies of regulated professions that are required to have specific credentials to practice?
- 8.4.6.4 Establishing workforce performance appraisal systems?
- 8.4.6.5 Developing curricula to build workforce competencies?
- 8.4.6.6 Presenting curricula in a training or educational format to build workforce competencies?

8.4.7 Does the IDHS invest in the recruitment and retention of qualified diabetes health professionals in all areas of the state?

---

**8.4.8** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**8.4.8.1** *What percent of the answer reported in question 8.4.8 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

<b>Essential Service # 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b>
---

**This service includes:**

- Evaluation and critical review of health programs, based on analyses of health status and service utilization data, are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.
- Assessment of and quality improvement in the State Diabetes Health System's performance and capacity.

**Indicator 9.1: Planning and Implementation**

**SDHS Model Standard:**

The SDHS plans and implements evaluation processes (e.g. using the CDC Evaluation Framework) to identify strengths and weaknesses and to improve the effectiveness of population-based and personal diabetes-related health services within the state.

The SDHS assures that the state's communities are served by appropriate and timely personal and population-based diabetes-related health services.

In order to accomplish this, the SDHS:

- Evaluates, with its local health systems and other state partners, the availability, utilization, appropriateness, and effectiveness, of population-based diabetes-related health services, (e.g. promotion of physical activity, immunization, injury prevention) within the state using national guidelines.
- Evaluates, with its local health systems and other state partners, personal diabetes-related health services within the state using national guidelines and DDT's National Objectives.
- Establishes, with input from local public health and private health care systems, standards for the availability, utilization, and effectiveness of population-based and personal diabetes-related health services within the state.
- Uses mid-course reviews to assess multi-year health programs to assure that their interventions are appropriately focused to achieve their objectives.

*Note: Also see Essential Service # 7 for Personal Health Evaluation.*

Please answer the following questions related to Indicator 9.1:

9.1.1 Does the IDHS evaluate population-based diabetes-related health services within the state?  
If so,

9.1.1.1 Is the availability of population-based diabetes-related health services evaluated?

9.1.1.2 Is the appropriateness of population-based diabetes-related health services



- evaluated?
- 9.1.1.3 Are the outcomes of population-based diabetes-related health services evaluated?
- 9.1.1.4 Is the effectiveness of population-based diabetes-related health services evaluated?
- 9.1.1.5 Does the IDHS evaluate population-based diabetes-related health services in collaboration with local health systems and other state partners?
- 9.1.1.6 Are standards based on nationally developed references regarding program effectiveness, such as the *Guide to Community Preventive Services*?
- 9.1.1.7 Are evaluation findings integrated into state health improvement activities?
- 9.1.2 Does the IDHS evaluate personal diabetes-related health services within the state?  
If so,
- 9.1.2.1 Are personal diabetes-related health care facilities and services routinely evaluated for compliance with applicable state and national standards and benchmarks?
- 9.1.2.2 Are credentials and licenses of health care professionals monitored?
- 9.1.2.3 Are findings of these evaluation activities integrated into the state diabetes health improvement process?
- 9.1.3 Does the IDHS establish and use standards to assess the overall performance of the IN Diabetes Health System?
- 9.1.4 Does the IDHS monitor multi-year health programs to assure interventions are appropriately focused to achieve population-based diabetes-related health services objectives?
- 9.1.5 Does the IDHS use assessment findings to institute quality improvement changes in specific health services?

---

**9.1.6** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**9.1.6.1** *What percent of the answer reported in question 9.1.6 is the direct contribution of the ISDH, Diabetes Prevention and Control Programs?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

## **Indicator 9.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides assistance, capacity building, and resources to local health systems and other state partners in their efforts to evaluate effectiveness, accessibility, and quality of population-based and personal diabetes-related health services.

To accomplish this, the SDHS:

- Provides technical assistance to local health systems and other state partners in the evaluation of population-based and personal diabetes-related health services including their availability, utilization, outcomes and effectiveness.
- Provides technical assistance to local health systems and other state partners in evaluating the performance of the Essential Public Health Services, as outlined in this document, within local health systems.
- Offers consultation services and guidance to local health systems and other state partners in conducting assessment of consumer satisfaction with locally provided public health services and programs.
- Shares results of performance evaluations with local health systems and other state partners for use in local health improvement and strategic planning processes.

Please answer the following questions related to Indicator 9.2:

- 9.2.1 Does the IDHS provide technical assistance to local health systems and other state partners in their review of their population-based and personal diabetes-related health services?
- 9.2.2 Does the IDHS provide technical assistance to local health systems and other state partners in evaluating their performance of the Essential Public Health Services?
- 9.2.3 Does the IDHS offer consultation service and guidance to local health systems and other state partners in conducting consumer satisfaction studies?
- 9.2.4 Does the IDHS share results of their performance evaluations with local health systems and other state partners for use in their health improvement and strategic planning processes?

---

**9.2.5** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**9.2.5.1** *What percent of the answer reported in question 9.2.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

### **Indicator 9.3: Evaluation and Quality Improvement**

#### **SDHS Model Standard:**

The SDHS reviews its activities to evaluate the effectiveness, accessibility, and quality of population-based and personal diabetes-related health services on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SDHS:

- Reviews its evaluation and quality improvement activities on a periodic, predetermined schedule.
- Reviews its evaluation and quality improvement activities when weaknesses in its quality assurance system become apparent.
- Uses the results of its reviews to improve its evaluation and quality improvement activities.

Please answer the following questions related to Indicator 9.3:

9.3.1 Does the IDHS review its evaluation and quality improvement activities on a periodic, predetermined schedule?

9.3.2 Does the IDHS review its evaluation and quality improvement activities when weaknesses in its quality assurance system become apparent?

9.3.3 Does the IDHS use the results of its reviews to improve its evaluation and quality improvement activities?

---

**9.3.4** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

**9.3.4.1** *What percent of the answer reported in question 9.3.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

## **Indicator 9.4: Resources**

### **SDHS Model Standard:**

The SDHS effectively invests in, manages, and utilizes its human, information, technology and financial resources to evaluate the effectiveness, accessibility and quality of population-based and personal diabetes-related health services.

To accomplish this, the SDHS:

- Allocates existing resources for evaluation to areas of highest need and plans for development of new resources.
- Collaborates with partners to leverage system-wide resources and focus statewide assets on evaluating population-based and personal diabetes-related health services.
- Utilizes analytical tools needed to monitor the performance of population-based and personal diabetes-related health services.
- Utilizes the expertise needed to establish standards and monitor the performance and capacity of the State Diabetes Health System as well as the expertise needed to implement effective quality improvement activities.

Please answer the following questions related to Indicator 9.4:

9.4.1 Does the IDHS manage its current evaluation resources and develop new resources?  
If so, does the IDHS:

- 9.4.1.1 Apply existing resources to high priority areas in evaluation?
- 9.4.1.2 Plan for development of new resources for the future?
- 9.4.1.3 Seek new sources of funding for evaluation activities?

9.4.2 Does the IDHS share system-wide resources to effectively conduct evaluation activities?  
If so, does the IDHS:

- 9.4.2.1 Coordinate workforce resources that contribute to the evaluation function?
- 9.4.2.2 Coordinate IDHS-wide technology development activities to more effectively conduct evaluation?
- 9.4.2.3 Share financial resources to invest in the evaluation function?

9.4.3 Does the IDHS have the analytical tools needed to measure and monitor compliance with performance standards for population-based and personal diabetes-related health services?  
If so, does the IDHS invest in:

- 9.4.3.1 Database development to support public health evaluation?
- 9.4.3.2 Computer technologies capable of supporting evaluation activities?
- 9.4.3.3 Database development to support personal diabetes-related health care evaluation?

9.4.4 Does the IDHS utilize the expertise needed to establish standards, monitor and develop

quality improvement activities to improve the performance of the State Diabetes Health System to meet the needs of the state's population?

If so, is the workforce skilled in:

9.4.4.1 Quantitative evaluation methods?

9.4.4.2 Qualitative evaluation methods?

9.4.4.3 Service-specific performance standards development?

9.4.4.4 Public health systems performance standards development?

9.4.4.5 Data collection and evaluation analysis?

9.4.4.6 Application of performance evaluation findings to quality improvement activities?

---

**9.4.5** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

**9.4.5.1** *What percent of the answer reported in question 9.4.5 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

## **Essential Service # 10: Research for New Insights and Innovative Solutions to Health Problems**

### **This service includes:**

- A full continuum of research ranging from field-based efforts to foster improvements in public health practice to formal scientific research.
- Linkage with research institutions and other institutions of higher learning.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct needed diabetes health services research.

### **Indicator 10.1: Planning and Implementation**

#### **SDHS Model Standard:**

The SDHS contributes to public health science by identifying and participating in research activities that address new insights in the implementation of the Essential Public Health Services, as outlined in this document.

#### **The SDHS:**

- Partners with institutions of research and higher learning, public health agencies in other states, and local health systems to develop a written diabetes public health research agenda focused on: 1) performance of the Essential Public Health Services, and 2) identifying and/or testing innovative solutions for population-based health interventions that consider diverse populations and communities.
- Designs, implements, and draws conclusions from diabetes-related research.
- Establishes a statewide process that includes local health systems for sharing research findings on Essential Public Health Services and population-based diabetes-related health services innovations.

Please answer the following questions related to Indicator 10.1:

#### **10.1.1 Does the IDHS have a public health research agenda?**

If so,

10.1.1.1 Is the agenda a written document?

10.1.1.2 Is the agenda developed through a collaborative process?

10.1.1.2 Is the performance of the Essential Public Health Services a focus of the agenda?

10.1.1.3 Is the state public health improvement plan a focus of the agenda?

10.1.1.5 Does the agenda include the identification or testing of population-based health interventions?

If so, does the agenda consider research issues for:

10.1.1.5.1 Diverse populations?

10.1.1.5.2 Diverse communities?

10.1.2 Does the IDHS carry out its public health research agenda?

If so, does the IDHS:

10.1.2.1 Design research studies?

10.1.2.2 Have a process to obtain Institutional Review Board approval for human subject research?

10.1.2.3 Implement research studies on the performance of essential public services?

10.1.2.4 Implement research studies to identify or test innovative population-based health interventions?

10.1.2.5 Draw conclusions from research studies?

10.1.2.6 Communicate information about research findings?

10.1.2.7 Reassess the focus of the research agenda as research progresses?

10.1.3 Does the IDHS have a statewide communication process that includes local health systems, for sharing research findings on public health practice innovations?

---

**10.1.4** How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?

0-25%

1

26-50%

2

51-75%

3

76-100%

4

**10.1.4.1** *What percent of the answer reported in question 10.1.4 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

## **Indicator 10.2: Technical Assistance and Support**

### **SDHS Model Standard:**

The SDHS provides assistance, capacity building, and resources to local health systems and other state partners in their efforts to research for new insights and innovative solutions to health problems.

To accomplish this, the SDHS:

- Assists local health systems and other state partners to participate in diabetes-related research activities and to secure resources for these activities.
- Assists local health systems and other state partners to interpret diabetes-related research findings and apply research findings to the Essential Public Health Services and population-based health interventions.

Please answer the following questions related to Indicator 10.2:

10.2.1 Does the IDHS help local health systems and other state partners with research activities?

10.2.2 Does the IDHS assist local health systems and other state partners in their use of research findings?

If so, does assistance include:

10.2.2.1 Interpreting research findings

10.2.2.2 Applying research findings to the Essential Public Health Services?

---

**10.2.3** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

**10.2.3.1** *What percent of the answer reported in question 10.2.3 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4



### **Indicator 10.3: Evaluation and Quality Improvement**

#### **SDHS Model Standard:**

The SDHS reviews its activities to research for new insights and innovative solutions to health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

To accomplish this, the SDHS:

- Reviews its ability to design, implement, and draw conclusions from diabetes-related research.
- Reviews its ability to communicate information on applying diabetes-related research findings to the delivery of the Essential Public Health Services.
- Reviews its ability to provide technical assistance in the application of diabetes-related research findings to the delivery of the Essential Public Health Services.
- Reviews the relevance of diabetes-related research activities to public health practice related to the Essential Public Health Services and population-based health interventions.
- Uses the findings from its reviews to improve its diabetes-related research activities.

Please answer the following questions related to Indicator 10.3:

Please answer the following questions related to Indicator 10.3:

10.3.1 Does the IDHS review its ability to engage in public health research?

If so, does the review include the ability to:

10.3.1.1 Design research studies?

10.3.1.2 Implement research studies on performance of essential public services?

10.3.1.3 Implement research studies to identify or test innovative population-based health interventions?

10.3.1.4 Draw conclusions from research studies?

10.3.2 Does the IDHS review its ability to communicate information of research findings?

10.3.3 Does the IDHS review its ability to provide technical assistance in the application of research findings to the delivery of the Essential Public Health Services?

If so,

10.3.3.1 Does the IDHS review its ability to provide technical assistance in the application of research findings to population-based interventions?

10.3.4 Does the IDHS review the relevance of research activities?

If so, is relevance determined for:

10.3.4.1 Improvement in performance of the Essential Public Health Services?

10.3.4.2 Improvement in effectiveness of population-based health interventions?

10.3.5 Does the IDHS use findings from their reviews to improve their research activities?

---

**10.3.6** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

**10.3.6.1** *What percent of the answer reported in question 10.3.6 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%

1

26-50%

2

51-75%

3

76-100%

4

## **Indicator 10.4: Resources**

### **SDHS Model Standard:**

The SDHS effectively invest, manage, and utilize its human, information, technology and financial resources for the conduct of diabetes-related research to meet the needs of the state's population.

The SDHS allocates existing resources to areas of highest need and plans for the development of new resources.

To accomplish this, the SDHS:

- Collaborates with partners to leverage system-wide resources and focus statewide assets on diabetes-related research.
- Uses computing technology necessary for diabetes-related public health research.
- Utilizes workforce expertise in planning, conducting and applying diabetes-related research relevant to population-based health interventions and the practice of the Essential Public Health Services.
- Utilizes workforce expertise in the development and implementation of diabetes-related research agendas.

Please answer the following questions relating to Indicator 10.4:

10.4.1 Does the IDHS manage its current research resources and develop new resources?

If so, does the IDHS:

10.4.1.1 Apply existing resources to high priority areas in research?

10.4.1.2 Plan for development of new resources for the future?

10.4.1.3 Seek new sources of funding for research activities?

10.4.2 Does the IDHS share system-wide resources to conduct research activities?

If so, does the IDHS:

10.4.2.1 Coordinate workforce resources that contribute to the research function?

10.4.2.2 Coordinate IDHS-wide technology development activities to more effectively conduct research relevant to public health practice?

10.4.2.3 Share financial resources to invest in the research function?

10.4.3 Does the IDHS invest resources in analytical tools necessary to support the research function?

If so, does the IDHS invest in:

10.4.3.1 Current databases capable of supporting public health research?

10.4.3.2 Computer technologies capable of supporting research activities?

10.4.4 Does the IDHS utilize workforce expertise to direct research activities?

If so, is workforce expertise available in:

- 10.4.4.1 Epidemiology, at the doctoral level?
- 10.4.4.2 Biostatistics, at the doctoral level?
- 10.4.4.3 Health services research, at the doctoral level?
- 10.4.4.4 Methods of population-based health research?
- 10.4.4.5 Application of research findings to population-based health interventions?
- 10.4.4.6 Methods of public health practice research?
- 10.4.4.7 Applying research findings to the practice and performance of the Essential Public Health Services?

10.4.5 Does the IDHS utilize workforce expertise to develop and implement research agendas?  
If so, is expertise used to:

- 10.4.5.1 Develop research agendas in population-based health services?
- 10.4.5.2 Develop research agendas in the public health practice of the Essential Public Health Services?
- 10.4.5.3 Write research proposals to pursue funding?

---

**10.4.6** *How much of this SDHS Model Standard is achieved by the IN Diabetes Health System collectively?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4

**10.4.6.1** *What percent of the answer reported in question 10.4.6 is the direct contribution of the ISDH, Diabetes Prevention and Control Program?*

0-25%	26-50%	51-75%	76-100%
1	2	3	4